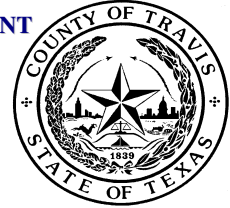


Office Use Only

Permit # _____ Date Paid _____ Amt \$ _____ Check # _____
Received By _____ Receipt # _____



AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
PUBLIC HEALTH AND COMMUNITY SERVICES DIVISION
Environmental and Consumer Health Unit
P.O. Box 1088
Austin, TX 78767
Phone: (512) 978-0300; Fax: (512) 978-0322
<http://www.ci.austin.tx.us/health/commercial.htm>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

Food Enterprise Re-Inspection Application

Name: _____ **Date:** _____

Food Establishment: _____ **Permit #:** _____

Address: _____

REASON FOR RE-INSPECTION: _____

An inspection conducted at your food establishment today requires a follow-up inspection to verify and document that necessary corrections have been made.

Austin City Ordinance requires re-inspection fee of \$125. You may pay this fee at the Health Center at Cameron and Rutherford. Please bring a copy of this notice with you when paying in person. A re-inspection will not be scheduled unless the fee has been paid. The fee must be paid by _____.

YOUR FAILURE TO PAY FOR AND PASS A REINSPECTION MAY RESULT IN THE SUSPENSION OF YOUR PERMIT TO OPERATE THIS FOOD ESTABLISHMENT.

Respectfully,

Sanitarian _____ **Phone #** _____

Received by: _____

City of Austin and Contracted Municipalities

\$125 Inspection Fee for each inspection conducted
\$100 additional fee for expedited inspections and
inspections conducted outside of normal working hours.

Travis County

no fees

No refunds for any reason after 180 days from receipt of payment.

Fee payable to Austin-Travis County Health and Human Services Department (ATCHHSD) mail to:

ECHU Re-inspection P.O. Box 1088, Austin, TX 78767

300_foodre-inspectionApp_6-21-11